

**MS STATE PERSONNEL BOARD  
RECORD OF REVIEW AND FEEDBACK SESSION**

**SECTION 1. GENERAL INFORMATION**

Appraisal Period From: \_\_\_\_\_, 20 \_\_\_\_ to \_\_\_\_\_, 20 \_\_\_\_

Date of Review and Feedback: \_\_\_\_\_

\_\_\_\_\_  
Employee's Name (Last, First, Middle Initial) Title

Position (PIN) Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

**SECTION 2. DUTIES/PERFORMANCE STANDARDS**

Duty/Performance Standard No.	Supervisor's Comments	Employee's Comments

**SECTION 3. ACKNOWLEDGEMENT OF REVIEW AND FEEDBACK SESSION**

Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_